

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2017
NAME OF PROVIDER OR SUPPLIER TENNOVA NEWPORT CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 450 COLLEGE ST NEWPORT, TN 37821		
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F 250 SS=E	<p>483.40(d) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide medically related social services for 3 residents (#8, #22, and #34) of 6 residents reviewed for dental services of 25 sampled residents.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #8 was admitted to the facility on 8/10/15 with diagnoses including Spinal Stenosis, Cellulitis, and Hypoxemia.</p> <p>Medical record review of a nurse's documentation dated 11/23/16 revealed "...N/O [new order] ask dentist to check on replacing partial plate..."</p> <p>Observation and interview with Resident #8 on 1/18/17 at 9:53 AM, in the resident's room, revealed the resident's dental bridge in a plastic bag on resident's over bed table. Interview revealed "...They tell me someone is coming [to fix bridge] but I have not seen anyone yet...been going on a few months now..."</p> <p>Medical record review revealed Resident #22 was admitted to the facility on 5/6/15 with diagnoses including Hypothyroidism, Anemia, and Anxiety Disorder.</p> <p>Medical record review of a nurse's documentation</p>	F 250	<p><u>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> All residents have the potential to be affected. - Resident #34 was sent to the dentist by ambulance per his request on 1/19/17, with extraction scheduled for 2/9/17. The resident has not had any further complaints of tooth pain and is agreeable to have the extraction on 2/9/17. His power of attorney was notified. - Resident #22 had her dentures repaired and fitted by a local dentist the week of 1/27/17 with a follow-up visit scheduled with mobile dentists on 2/17/17. The resident and her power of attorney were notified of the repair and next visit. The resident is tolerating her dentures well without complaints. - Resident #8 had her bridge repaired by a dentist at the facility on 1/24/17. The resident is tolerating her bridge well without complaints or concerns from the family.</p> <p>Continued next page</p>	02/17/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 250	<p>Continued From page 1</p> <p>dated 10/2/16 revealed "...res [resident] lower dentures were out this morning...resident stated...'opened my plastic case with them [dentures] inside and they fell out in the floor and broke'...Dentures placed back in the cup...Will have Dr... [dentist] look at them tomorrow while [he/she] is here..."</p> <p>Interview with Resident #22 on 1/18/17 at 9:25 AM, in the dining room, revealed "They keep saying they are getting someone in here to fix my bottom dentures, but have not." Continued interview revealed dentures had been broken for 2 months.</p> <p>Interview with the Registered Dietician (RD) on 1/19/17 at 9:39 AM, in the Dietician's office, revealed Resident #22's dentures had been broken for some time.</p> <p>Interview with the Social Worker and the Administrator on 1/19/17 at 2:34 PM, in the Social Services office, revealed the Social Worker was aware Resident #8's bridge was broken and was aware Resident #22's dentures were broken. Continued interview confirmed a local dental provider would see residents if the facility would provide transportation to dental office and the facility failed to arrange transportation. Further interview confirmed the facility failed to provide medically related social services for Resident #8 and #22.</p> <p>Medical record review revealed Resident #34 was admitted to the facility on 5/14/13 with diagnoses including Malignant Neoplasm of Prostate, Obstructive and Reflux Uropathy, Chronic Obstructive Pulmonary Disease, Anemia, Vascular Dementia with Behavioral Disturbance,</p>	F 250	<p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice:</u> All residents have the potential to be affected. The interdisciplinary team will conduct medical record reviews by 2/3/17, to ensure current residents that have complained of tooth pain or dental needs received dental care and to validate the last dental visit to determine when the next appointment is needed. Appointments will be made for any acute problems and referral for annual exams sent to mobile dentistry where appropriate.</p> <p><u>What measures will put in place or systemic changes made to ensure that the deficient practice will not recur:</u> All residents have the potential to be affected.</p> <p>During the clinical monitoring meeting the 24 hour report will be reviewed by the interdisciplinary team to ensure that concerns or complaints regarding dental needs were followed up on, including referring the resident to a dentist. Social services developed a spreadsheet and a tickler file to effectively track all dental referrals and visits to ensure a resolution to the problem. The interdisciplinary team including social services was educated on this process and the regulatory requirement on 1/25/17 by the nursing home administrator. The daily review was implemented on 1/19/17.</p> <p>Continued next page</p>		

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F 250	<p>Continued From page 2</p> <p>Alzheimer's Disease, and Depression.</p> <p>Medical record review of a Nurse's documentation dated 6/26/16 revealed Resident #34 was seen by a dentist and the resident requested to have remaining teeth pulled and he wanted a full set of dentures. Continued review revealed "...Referred to Social Services to explore the options for having teeth extracted and purchase of dentures..."</p> <p>Medical record review of a Social Service note dated 7/20/16 revealed dental services for teeth extractions was scheduled for 8/18/16.</p> <p>Medical record review of a Report Of Consultation (dental) dated 9/18/16 revealed "...Pt. [patient] wants teeth removed and dentures placed..."</p> <p>Observation with Resident #34 on 1/18/17 at 10:00 AM, in the resident's room, revealed the resident was missing multiple upper and lower teeth.</p> <p>Interview with Resident #34 and the Director of Nursing (DON) on 1/19/17 at 10:26 AM, in the resident's room, revealed Resident #34 wanted his teeth pulled and dentures made. Continued interview revealed Resident #34 had been seen by a dentist but "...have never come back..."</p> <p>Interview with the DON and the Social Worker on 1/19/17 at 10:49 AM, in the DON's office, confirmed Resident #34 was seen by a dentist on 6/26/16 and had requested to have the remaining teeth pulled and dentures made. Continued interview confirmed the resident was seen again by a dentist on 9/18/16 and again requested to</p>	F 250	<p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>All residents have the potential to be affected.</p> <p>The Director of Nursing/designee will audit the spreadsheet and three medical records weekly for four weeks, then monthly for two months to ensure the referrals are made and there is resolution to acute problems. Findings will be corrected, tracked, and reported during the monthly QAPI meeting by the Director of Nursing to ensure compliance is maintained. Ongoing monthly review will be conducted by the Director of Nursing to ensure continued compliance.</p>		

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F 250	Continued From page 3 have the remaining teeth pulled and dentures made. Further interview confirmed the facility failed to provide transportation to a dental office for requested dental services and failed to provide medically-related social services for Resident #34.			F 250			
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.			F 315	<u>How corrective action will be</u> <u>accomplished for those residents found to</u> <u>have been affected by the deficient</u> <u>practice:</u> All residents have the potential to be affected. A bladder retraining assessment was completed for Resident #55 by the MDS Coordinator on 1/19/17. The care plan was updated based on the assessment and findings. <u>How the facility will identify other</u> <u>residents having the potential to be</u> <u>affected by the same deficient practice:</u> All residents have the potential to be affected. The interdisciplinary team will review current residents by 2/17/17, to ensure bowel and bladder retraining assessments are completed and retraining program implemented for those residents that meet criteria. Findings will be corrected immediately. Continued next page		02/17/2017

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F 315	<p>Continued From page 4</p> <p>(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to complete a urinary assessment for 1 resident (#55) of 1 resident reviewed for urinary incontinence of 25 residents reviewed.</p> <p>The findings included:</p> <p>Review of facility policy, Bladder Retraining, last revised 5/2012, revealed "...Each resident who is incontinent of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible...A comprehensive assessment is to be completed within fourteen (14) days of admission and whenever there is a change in...urinary tract function..."</p> <p>Medical record review revealed Resident #55 was admitted to the facility on 9/8/16 with diagnoses including Hypertension, Anemia, Diabetes, Hypoparathyroidism, Vascular Dementia, and Osteoporosis.</p> <p>Medical record review of the admission Minimum Data Set (MDS) dated 9/14/16 revealed the resident scored a 10 on the Brief Interview for Mental Status (BIMS) (moderately impaired cognitive skills) and was frequently incontinent of urine.</p>	F 315	<p><u>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</u></p> <p>All residents have the potential to be affected.</p> <p>The Director of Nursing/designee will educate the nursing staff to include the MDS Coordinator by 2/3/17 on the retraining assessment policy and program, including when to complete the assessment and when to implement the program. The bowel and bladder retraining assessment education will be included in the new employee orientation to ensure all nursing staff are aware of the policy and program.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>All residents have the potential to be affected.</p> <p>The Director of Nursing/designee will complete three chart reviews weekly for four weeks then monthly for two months to ensure bowel and bladder assessments were completed. Findings will be corrected immediately and tracked monthly to be reported to the QA Committee by the Director of Nursing. Monthly chart review will be conducted by Director of Nursing to ensure continued compliance.</p>		

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F 315	Continued From page 5 Medical record review of the quarterly MDS dated 11/30/16 revealed the resident was always incontinent of bladder. Medical record review revealed no documentation a bladder assessment was completed to determine if the resident was a candidate for a bladder retraining program. Interview with the Director of Nursing (DON) on 1/19/17 at 1:50 PM, in the DON's office, confirmed the facility failed to complete a bladder assessment for Resident #55.	F 315					
F 412 SS=E	483.55(b)(1)(2)(5) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS (b) Nursing Facilities The facility- (b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; (b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;	F 412	<u>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> All residents have the potential to be affected. - Resident #8 had her bridge repaired by a dentist at the facility on 1/24/17. She is tolerating the bridge well with no complaints or concerns. - Resident #22 had her dentures repaired by a local dentist the week of 1/27/17 with a follow-up visit scheduled with mobile dentist on 2/17/17. She is tolerating her dentures without complaint and the power of attorney was notified of repair and the next appointment. Continued next page	02/17/2017			

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F 412	<p>Continued From page 6</p> <p>(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to provide dental services for 3 residents (#8, #22, and #34) of 6 residents reviewed for dental services of 25 sampled residents.</p> <p>The findings included:</p> <p>Review of facility policy, Oral Health Program last revised 3/2003 revealed "...residents will be provided with comprehensive diagnostic dental treatment embracing...a system that assures that each resident is reexamined as needed, but at least once a year..."</p> <p>Medical Record review revealed Resident #8 was admitted to the facility on 8/10/15 with diagnoses including Spinal Stenosis, Cellulitis, and Hypoxemia.</p> <p>Medical record review of a nurse's documentation dated 11/23/16 revealed "...N/O [new order] ask dentist to check on replacing partial plate..."</p> <p>Observation and interview with Resident #8 on 1/18/17 at 9:53 AM, in the resident's room, revealed the resident's dental bridge in a plastic bag on the resident's over bed table. Interview revealed "...they tell me someone is coming [to fix bridge] but I have not seen anyone yet...been going on a few months now..."</p> <p>Medical record review revealed Resident #22 was</p>	F 412	<p>- Resident #34 was sent to a local dentist by ambulance on 1/19/17 for evaluation with extraction scheduled for 2/9/17. The resident has not had any signs or symptoms of acute distress. The resident and his power of attorney were notified of the 2/9/17 appointment with no further concerns noted.</p> <p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice:</u> All residents have the potential to be affected.</p> <p>The interdisciplinary team will conduct medical record reviews by 2/3/17, to ensure current residents that have complained of tooth pain or dental needs received dental care and to validate the last dental visit to determine when the next appointment is needed. Appointments will be made for any acute problems and referral for annual exams sent to mobile dentistry where appropriate.</p> <p>Continued next page</p>		

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F 412	<p>Continued From page 7</p> <p>admitted to the facility on 5/6/15 with diagnoses including Hypothyroidism, Anemia, and Anxiety Disorder.</p> <p>Medical record review of a nurse's documentation dated 10/2/16 AM revealed "...res [resident] lower dentures were out this morning...resident stated...'I opened my plastic case with them [dentures] inside and they fell out in the floor and broke'...Dentures placed back in the cup...Will have Dr... [dentist] look at them tomorrow while [he/she] is here..."</p> <p>Interview with Resident #22 on 1/18/17 at 9:25 AM, in the dining room, revealed "...They keep saying they are getting someone in here to fix my bottom dentures, but have not..." Continued interview revealed dentures had been broken for 2 months.</p> <p>Interview with the Registered Dietician (RD) on 1/19/17 at 9:39 AM, in the Dietician's office, revealed Resident #22's dentures had been broken for some time.</p> <p>Interview with the Social Worker and the Administrator on 1/19/17 at 2:34 PM, in the Social Services office, revealed the Social Worker was aware Resident #8's bridge was broken and was aware Resident #22's dentures were broken. Continued interview confirmed a local dentist would see residents if the facility would provide transportation to dental office and the facility failed to arrange transportation for Resident #8 and #22.</p> <p>Medical record review revealed Resident #34 was admitted to the facility on 5/14/13 with diagnoses</p>	F 412	<p><u>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</u></p> <p>All residents have the potential to be affected.</p> <p>During the clinical morning meeting the 24 hour report will be reviewed by the interdisciplinary team to ensure follow-up is completed on concerns and/or complaints regarding dental needs including referring the resident to a dentist. Social services develop a spreadsheet and a tickler file to effectively track all dental referrals and visits to ensure regular scheduled visits occur. The interdisciplinary team including social services was educated on this process and the regulatory requirement by the nursing home administrator on 1/25/17. Daily review was implemented on 1/19/17.</p> <p>Continued next page</p>		

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NAME OF PROVIDER OR SUPPLIER

TENNOVA NEWPORT CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

450 COLLEGE ST

NEWPORT, TN 37821

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F 412	<p>Continued From page 8</p> <p>including Malignant Neoplasm of Prostate, Obstructive and Reflux Uropathy, Chronic Obstructive Pulmonary Disease, Anemia, Vascular Dementia with Behavioral Disturbance, Alzheimer's Disease, and Depression.</p> <p>Medical record review of a nurse's documentation dated 6/26/16 revealed Resident #34 was seen by a dentist and the resident requested to have remaining teeth pulled and he wanted a full set of dentures. Continued review revealed "...Referred to Social Services to explore the options for having teeth extracted and purchase of dentures..."</p> <p>Medical record review of a Social Service note dated 7/20/16 revealed dental services for teeth extractions was scheduled for 8/18/16.</p> <p>Medical record review of a Report Of Consultation (dental) dated 9/18/16 revealed "...Pt. [patient] wants teeth removed and dentures placed..."</p> <p>Observation with Resident #34 on 1/18/17 at 10:00 AM, in the resident's room, revealed the resident was missing multiple upper and lower teeth.</p> <p>Interview with Resident #34 and the Director of Nursing (DON) on 1/19/17 at 10:26 AM, in the resident's room, revealed Resident #34 wanted his teeth pulled and dentures made. Continued interview revealed Resident #34 had been seen by a dentist but "...have never come back..."</p> <p>Interview with the DON and the Social Worker on 1/19/17 at 10:49 AM, in the DON's office, confirmed Resident #34 was seen by a dentist on</p>	F 412	<p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>All residents have the potential to be affected.</p> <p>The Director of Nursing/designee will audit the log and three medical records weekly for four weeks, then monthly for two months to ensure the referrals are complete and scheduled visits are occurring. Findings will be corrected, tracked, and reported during the monthly QAPI meeting by the Director of Nursing to ensure compliance is maintained. Ongoing monthly review will be conducted by the Director of Nursing to ensure continued compliance.</p>	

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F 412	Continued From page 9 6/26/16 and had requested to have the remaining teeth pulled and dentures made. Continued interview confirmed the resident was seen again by a dentist on 9/18/16 and again requested to have the remaining teeth pulled and dentures made. Further interview confirmed the facility failed to provide transportation for requested dental services for Resident #34.			F 412			
F 441 SS=F	<p>483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be</p>			F 441	<p><u>How corrective action will be accomplished for those residents to be found to have been affected by the deficient practice:</u></p> <p>All residents have the potential to be affected.</p> <p>Resident #62 was moved to a private room on 1/25/17, where contact isolation was continued. The resident and his power of attorney were notified, educated prior to the move, and gave their consent. The remaining residents in the room were assessed on 1/25/17 by a licensed nurse with no signs or symptoms of infection noted.</p> <p>Continued next page</p>		02/17/2017

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2017
NAME OF PROVIDER OR SUPPLIER TENNOVA NEWPORT CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 450 COLLEGE ST NEWPORT, TN 37821		
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F 441	<p>Continued From page 10 reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, observation, and interview, the facility</p>	F 441	<p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice:</u> All residents have the potential to be affected.</p> <p>Review of current residents was completed by the Director of Nursing on 1/25/17, with no other residents on isolation noted.</p> <p><u>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</u> All residents have the potential to be affected.</p> <p>Nursing staff were educated on the facility isolation policy and the need to promptly notify nursing management and social services when a resident has orders for isolation to review for possible room changes and resident and family notification on 1/24/17 by the Director of Nursing/designee. This education will be included in the new employee orientation to ensure all staff are aware of this policy and practice.</p> <p>Continued next page</p>		

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F 441	<p>Continued From page 11</p> <p>failed to maintain infection control precautions for 1 resident (#62) of 1 resident in isolation precautions of 25 sampled residents.</p> <p>The findings included:</p> <p>Review of facility policy Isolation Precautions Policy last revised 4/21/16 revealed, "...Purpose...To interrupt the spread of infection by controlling transmission of highly infectious pathogens...Section II: Isolation Categories...2. Contact Precautions...a. In addition to Standard Universal Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment...b. Patient placement- private room or in room with patient with same infection with same microorganism but with no other infection..."</p> <p>Medical record review revealed Resident #62 was admitted to the facility on 12/28/16 with diagnoses including Hyponatremia, Hypertensive Chronic Kidney Disease, Sepsis, Diabetes Mellitus Type II, and Parkinson's Disease.</p> <p>Medical record review of Physician's orders dated 1/16/17 revealed, "...Education provided for contact isolation for C. Diff [Clostridium Difficile] [an intestinal bacterial infection which is highly contagious] to [Resident #62] and his [family member]...verbalized understanding..."</p> <p>Medical record review of a Physician's telephone order dated 1/16/17 revealed, "...Contact Isolation..."</p> <p>Observation on 1/16/17 at 10:11 AM, during initial</p>	F 441	<p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>All residents have the potential to be affected.</p> <p>The Director of Nursing/designee will complete three medical record reviews for residents on isolation weekly for four weeks then monthly for two months to ensure infection/isolation precautions maintained to include providing private rooms or cohorting as appropriate. Findings will be corrected immediately, tracked, and reported to the QAPI Committee monthly for three months to ensure compliance is maintained. Ongoing review of compliance with isolation procedures will be conducted by the Director of Nursing.</p>		

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F 441	<p>Continued From page 12</p> <p>tour, revealed a sign outside of Resident #62's room "...Contact Isolation..." Continued observation revealed two other residents cohabiting in the room with Resident #62..</p> <p>Observations conducted throughout the survey on 1/17/17 and 1/18/17 revealed Resident #62 remained in contact isolation and remained housed in the room with two other residents.</p> <p>Interview with the Director of Nursing (DON) on 1/17/17 at 2:17 PM, in the conference room, confirmed Resident #62 was diagnosed with C. Diff and was in contact isolation. Continued interview confirmed Resident #62 was not moved to a private room and remained in the same room with two residents who did not have C Diff. Continued interview confirmed the facility failed to follow the facility policy.</p>	F 441			